

Caution: DRAFT FORM

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at www.ftb.ca.gov/forms/drafts/index.html.

2009

Quarterly Resident and Nonresident Withholding Statement

592

☐ Amended

FTB Use Only: Total Payment Enclosed: _____ .00

Payment Due Date: ☐ April 15, 2009 ☐ June 15, 2009 ☐ September 15, 2009 ☐ January 15, 2010
Part I Withholding Agent

Name of Withholding Agent (Payer)		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.
City	State	ZIP Code

Total Number of Payees Included	Total California Source Income Subject to Withholding	_____ .00
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Part II Type of Income

Check one type only. ●

A ☐ Payment to Independent Contractor**D** ☐ Rents or Royalties**F** ☐ Estate Distributions**B** ☐ Payment to Independent Contractor
E ☐ Distributions to Domestic Nonresident
Partners/Members/Beneficiaries/
S Corporation Shareholders
G ☐ Other _____**C** ☐ Trust Distributions

1 Total Tax Withheld (Side 1)	1	_____ .00
2 Total Tax Withheld (Side 2 and any additional pages)	2	_____ .00
3 Add line 1 and line 2. This is the total Tax Withheld	3	_____ .00
4 Enter amounts of prior payments not previously distributed	4	_____ .00
5 Enter amount withheld by another entity and being distributed	5	_____ .00
6 Add line 4 and line 5	6	_____ .00
7 Total Withholding Amount Due. Subtract line 6 from line 3	7	_____ .00

Schedule of Payees

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

Part III Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Withholding Agent's name _____ Withholding Agent's daytime phone number (____) _____

Withholding Agent's signature _____

Preparer's name _____ Preparer's signature _____

Preparer's address _____

Preparer's SSN/PTIN _____ Preparer's phone daytime phone number (____) _____

Quarterly Resident and Nonresident Withholding Statement

Name of Withholding Agent (Payer)	SSN/ITIN, FEIN, or CA Corp no.
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Schedule of Payees

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

Total Tax Withheld this page00

Instructions for Form 592

Quarterly Nonresident Withholding Statement

General Information

Tax withheld on California source payments made to domestic nonresidents is remitted to the Franchise Tax Board (FTB) on a quarterly basis (similar to estimated tax payments) using Form 592, Quarterly Resident and Nonresident Withholding Statement. Form 592 includes a Schedule of Payees section that requires the withholding agent to identify the payment recipients (vendor/payee) and the income and withholding amounts. This schedule will allow the FTB to allocate the withholding payments to the taxpayer (payee) upon receipt of the completed Form 592.

The revised quarterly Form 592 process replaces the prior version of Form 592, Nonresident Withholding Annual Return, and Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement. In addition, when filing Form 592 with the FTB, the withholding agent is no longer required to submit a Form 592-B, Resident and Nonresident Withholding Tax Statement, to the FTB, for each payee. However, withholding agents must continue to provide the payees with paper Forms 592-B at the end of the year which show the total amount withheld for that year.

Round Cents To Dollars – Round cents to the nearest whole dollar. For example, round \$50.50 up to \$51 or round \$25.49 down to \$25.

For California withholding purposes only, a reference in these instructions to:

- “Nonresident” includes all of the following:
 - Individuals who are not residents of California.
 - Corporations not qualified through the Secretary of State to do business in California or having no permanent place of business in California.
 - Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
 - Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.
- “Foreign” refers to non-U.S.

A Purpose

Use Form 592 to report the total withholding for each quarter under California Revenue and Taxation Code (R&TC) Section 18662. The amount of tax to be withheld shall be computed by applying a rate of 7% or such lesser rate as authorized in writing by the Franchise Tax Board. Get Form 589, Resident and Nonresident Reduced Withholding Request, for more information. Also, Form 592 is used by pass-through entities to flow through withholding credit to their S corporation shareholders, partners, members, or beneficiaries.

Important: This form is also used to report and remit withholding payments by a resident payee.

Do not use Form 592 if you are the buyer or escrow person withholding on the sale of real estate. Use Form 593, Real Estate Withholding Tax Statement, to remit and report real estate withholding. **Do not** use Form 592 to report tax withheld on foreign partners. For more information regarding reporting tax withheld on foreign partners, get Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement, and Form 592-F, Foreign Partner or Member Annual Return.

B Common Errors/Helpful Hints

If you are filing Form 592 only to flow through withholding credits to your S corporation shareholders, partners, members, or beneficiaries, enter your information in Part I as the withholding agent. **Do not** enter the name or ID number of the entity which originally withheld payments from you.

C When and Where to File

The tax withheld on payments to independent contractors, recipients of rents and royalties, distributions to domestic nonresident S corporation shareholders, partners, members, and beneficiaries of estates and trusts, are remitted quarterly. Each quarter has a specific payment due date. The payment quarters and due dates are:

For the payment quarter: **Due Date:**

January 1 through
March 31, 2009 April 15, 2009

April 1 through
May 31, 2009 June 15, 2009

June 1 through
August 31, 2009 September 15, 2009

September 1 through
December 31, 2009 January 15, 2010

If the due date falls on a weekend, or legal holiday, use the next business day.

Send any payment due and Form 592 to:

WITHHOLDING SERVICES AND
COMPLIANCE
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

Federal law requires that payees be notified within 10 days of the quarterly installment payment date regarding any tax withheld. For California withholding purposes, withholding agents should make similar notification. No particular form is required for this notification, and it is commonly done on the statement accompanying the distribution or payment. However, the withholding agent may choose to report the tax withheld to the payee on a Form 592-B.

D Amending Form 592

Amended forms can only be filed by the withholding agent. To amend Form 592:

- Complete a new Form 592 with the correct information.
- Check the “Amended” box at the top of the revised form.
- Include a letter explaining what changes were made and why.
- Send the amended form and letter to the address listed under General Information C, When and Where to File.

E Electronic Filing and Magnetic Media Requirements

Form 592 information must be filed with the FTB via magnetic media or electronically, using FTB’s Secure Web Internet File Transfer (SWIFT), instead of paper when the number of payees on Form 592 is 250 or more. However, withholding agents must continue to provide vendors/payees with paper Forms 592-B.

Submitting Form 592:

- For electronic filing, submit your file using the SWIFT process as outlined in FTB Pub 923, SWIFT Guide for Nonresident and Real Estate Withholding.
- For magnetic media, submit all the information from Form 592 on a disk to:
WITHHOLDING SERVICES AND
COMPLIANCE
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

For the required file format and record layout for both electronic and magnetic media filing, get FTB Pub. 1023 S, Resident and Nonresident Withholding Electronic Submission Requirements.

If you are the preparer for more than one withholding agent, provide a separate electronic file or disk for each withholding agent.

For electronic filing or magnetic media, submit your payment using Electronic Funds Transfer (EFT) or Form 592-V, Payment Voucher for Nonresident Withholding Electronic Submission.

F Interest and Penalties

Interest on late payments is computed from the due date of the withholding to the date paid. Failure to withhold may result in the withholding agent being personally liable for the amount of tax that should have been withheld and for interest and penalties. Failure to provide correct Forms 592-B to the payees by the due date may result in penalties up to \$100 per Form 592-B.

Specific Instructions

Taxable Year – Make sure the year in the upper left corner of Form 592 represents the calendar year in which the withholding took place. However, if current distribution represents prior taxable year California source income, attach a letter explaining that the distribution took place in the current withholding year, but was for a prior taxable year.

Magnetic Media or Electronic Filing – Check the box if providing the schedule of payees to the FTB electronically or via magnetic media.

Magnetic media or electronic filing is required if you withheld on 250 or more payees.

Payment Due Date – Check the appropriate box representing the quarterly due date for the tax withheld.

Part I – Enter the withholding agent's name, ID number, and address. If your entity is an S corporation, partnership, LLC, estate, or trust that received payments or distributions that were withheld upon by another entity and you are flowing through the withholding credit to your S corporation shareholders, partners, members, or beneficiaries, enter your entity's name, ID number, and address in the withholding agent area.

Include the Private Mail Box (PMB) in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Enter the total number of payees listed on the Schedule of Payees.

Enter the total California source income subject to withholding from the attached schedule of payees.

Part II

Type of Income – Check the box that reflects the type of income withheld upon during this quarter. **Only one type of income can be checked.** If you withheld tax on more than one type of income for the quarter, submit a separate Form 592 for each type of income.

Line 1 – Enter the total tax withheld from the Schedule of Payees on Side 1.

Line 2 – Enter the total tax withheld from any additional pages of the Schedule of Payees.

Line 3 – Add line 1 and line 2. This is the total amount of tax withheld.

Line 4 – Enter the amount of prior payments made to FTB and not previously distributed to payees on a prior Form 592.

Line 5 – Enter the amount withheld by another entity that's being allocated to your S corporation shareholders, partners, members, or beneficiaries. If any of the amount withheld by the other entity is to be used against the tax owed by your entity, do **not** include that amount in line 5. Attach a note to Form 592 explaining how much of the credit will be used to offset your tax due.

Line 7 – Subtract line 6 from line 3 and enter the balance due. If less than zero, enter -0-. Attach a check or money order for the full amount payable to the "Franchise Tax Board." Write the withholding agent's ID number and "2009 Form 592" on the check or money order.

Schedule of Payees – Enter all the requested information for each payee you report as having received California source income to guarantee each payee's withholding payment is timely and applied properly. If you withheld tax on multiple payees for the quarter, use additional pages as necessary, starting with Side 2. Be sure to include the withholding agent's name and ID number at the top of each additional page.

ID Number, Name, and Address – Enter the ID number, name, and address for the payee.

Total Quarterly Income – Enter the amount of income/distributions withheld upon for the quarter. **Do not** include return of capital.

Amount of Tax Withheld – Enter the total amount withheld for the quarter.

Part III – Complete the withholding agent's and preparer's information.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance automated telephone service at:

888.792.4900 or **916.845.4900** (not toll-free).

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

For information on requirements to file a California tax return or to get forms, call:

From within the
United States. 800.852.5711
From outside the
United States. 916.845.6500
(not toll-free)

You can download, view, and print California tax forms and publications from our website at **ftb.ca.gov**.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

Assistance for Persons with Disabilities

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call:

TTY/TDD 800.822.6268

Asistencia Telefonica y en el Internet

Dentro de los Estados Unidos,

llame al 800.852.5711

Fuera de los Estados

Unidos, llame al 916.845.6500
(cargos aplican)

Sitio web: **ftb.ca.gov**

Asistencia para personas discapacitadas

Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos o de habla pueden llamar al TTY/TDD 800.822.6268.